PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

107/1907

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			0		(0010			RATE	FEE	7	RATE		
			7		-				-	-		FEE	
FOR			NUMBER FILED		NUMB	SER EXTRA		BASIC FEE	395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20= *		*			X\$ 9=	·	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X44=		OR	X88=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				·	+150=		OR	+300=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL	395	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)		(Column 2)				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CI AIAA	= -		X44=		OR	X88=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+150=		OR	+300=		
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER FUSLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X44=		OR	X88=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		▎┠			i			
								+150= TOTAL		OR	+300=		
										OR,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	· <u>.</u>	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X44=		OR	X88=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										·	· · · · · · · · · · · · · · · · · · ·	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+300=		
**	f the "Highest Nu	mber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	ΑГ	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE		
		mber Previously Pa ber Previously Paid							opriate box				